

# Request for Notification of Parole Hearings

Name (s) of Convicted Offender (s):	Prison (NDOC) # (if known):	Case Number (if known):	Offense

**Name of address of person requesting notification:**

---

**Name**

---

**Mailing Address**

---

**City**

**State**

**Zip**

---

**E-mail Address**

**Telephone #**

**Person requesting notification is (check one):**

\_\_\_\_\_ **a victim or relative of victim**

\_\_\_\_\_ **threatened person**

\_\_\_\_\_ **interested person**

**Mail this completed form to:**     **Board of Parole Commissioners**  
   **1677 Old Hot Springs Road #A**  
   **Carson City NV 89706**

Note: If you do not receive a confirmation that we have received your request for notification within 45 days, please call the Parole Board office at 775-684-2684.